

MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

January 27, 2010

Committee Members Present

Beverly Collins, MD, MBA, MS (via telephone)
Jacqueline Daley, HBSc, MLT, CIC, CSPDS (via telephone)
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Wendy Gary, MHA
Debra Illig, RN, MBA, CLNC (via telephone)
Lynne V. Karanfil, RN, MA, CIC
William Minogue, MD
Michael Anne Preas, RN, BSN, CIC
Brenda Roup, PhD, RN, CIC
Jack Schwartz, Esq.
Patricia Swartz, MPH, MS
Renee Webster

Committee Members Absent

Sara E. Cosgrove, MD, MS
Anthony Harris, MD, MPH
Andrea Hyatt
Peggy A. Pass, RN, BSN, MS, CIC
Carol Payne
Eli Perencevich, MD, MS

Public Attendance

Katherine Feldman, DVM, Department of Health and Mental Hygiene (via telephone)
Tricia Lawson, RN, MS, MPH, CIC, Department of Health and Mental Hygiene
Lisa Maragakis, MD, Johns Hopkins Hospital
Katie Passaretti, MD- Johns Hopkins Hospital (via telephone)
Pat Ryan, Department of Health and Mental Hygiene
Lucy Wilson, MD, Sc.M, Department of Health and Mental Hygiene

Commission Staff

Pam Barclay
Theresa Lee
Mariam Rahman
Deme Umo
Eileen Witherspoon (via telephone)
Judy Wright
Carol Christmyer

1. Welcome and Introductions

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m. and stated all who were present in person and on the phone.

2. Review of Previous Meeting Summary (December 10, 2009)

There were no changes to the meeting summary.

3. Briefing: CDC Emerging Infections Program Grant

Ms. Ryan presented on the Emerging Infections Program specifically innovations in surveillance of multidrug- resistant organisms and healthcare-associated infections. She explained that CDC develops

priorities for the cooperative agreements and only ten states are funded through the program. She reviewed the goals of the program which includes serving as a national resource for surveillance, prevention and control of emerging infectious diseases and sharing information among public health departments and practitioners. Standardized protocols are used across all EIP sites. There are five Maryland EIP Project Areas: Active Bacterial Core Surveillance (ABCs), Foodborne Disease Active Surveillance Network (FoodNet), Influenza, Healthcare-Associated Infections- Community Interface, and Lyme and Other Tickborne Diseases (TickNet). Ms. Ryan reviewed the partners of the Maryland EIP which include: DHMH Infectious Disease & Environmental Health Administration, DHMH Laboratories Administration, Johns Hopkins University Bloomberg School of Public Health, and University of Maryland at College Park. Ms. Ryan explained the ARRA funding and the objectives including:

- Building infrastructure and expertise in HAI surveillance and prevention within the EIPs
- Implementing HAI evaluations through common protocols
- Strengthening relationships with infection prevention programs of affiliated healthcare facilities

The two main activities that could be funded were evaluating MRSA HAIs in non-hospital settings and innovations in surveillance through NHSN. Maryland chose outpatient hemodialysis centers, which are already participating in the CDC DHQP- sponsored MDRO collaborative. A select number of outpatient hemodialysis centers in Baltimore City and Baltimore County will pilot the NHSN Dialysis Event module. A hospital-wide HAI prevalence survey will be conducted in collaboration with the other EIP sites with emphasis on antimicrobial resistance patterns in patients. She spoke about the project work plan which includes hiring additional staff members and collaborating with hospitals and creating partnerships.

Dr. Roup asked for additional information about the prevalence survey. She asked if hospitals would be identified in reports. Ms. Ryan said identifiable information will not be sent to CDC or reported by DHMH. She said the data will be fed back to the hospitals and it will be at the discretion of the facility to share the information. Ms. Barclay said only a few hospitals would be involved, not all Maryland hospitals. Any patients identified as receiving antimicrobial therapy will have a chart review by DHMH staff to look at all infections and resistance patterns.

4. Review of Draft HAI Advisory Committee Mission/Vision Statement

Ms. Barclay reported that a mission/vision statement for the committee was prepared as a follow-up to the state plan that was submitted as part of the CDC grant requirement. Ms. Fuss said the group could not implement the key actions in the plan, that would take place in the healthcare arena. She said the committee could guide or recommend and suggested changing the language to reflect that difference. Ms. Karanfil said the vision should come first and the state of Maryland should be a national leader, not the committee. Ms. Daley said the description of HAIs as deadly should be reworded to HAIs can increase morbidity and mortality. She also said to add “evidence based” in front of “HAI prevention targets.” She said to remove “infections” after “HAI” in the vision statement. Ms. Gary mentioned there may be more language in the original grant application that could guide this mission and vision statement. Ms. Karanfil said prevention needs to be in the mission and the priorities should align with the state’s issues such as high rates of MRSA. Dr. Minogue asked if this statement was short term or long-term since the funding is only for 18 remaining months. Ms. Barclay said it would be long-term and extend beyond the grant funding. Dr. Maragakis suggested adding MDROs to the statement.

5. Reporting of Active Surveillance Testing for MRSA Data on the Maryland Hospital Performance Evaluation Guide

Ms. Lee reviewed the changes made to the Hospital Performance Evaluation Guide including the addition of the HAIs specifically active surveillance testing for MRSA rates. Ms. Lee reviewed the new website for committee members highlighting the new data and how to navigate the website. She said the statewide average for AST for MRSA was 95.5% and the highest rate was 100%. She reviewed the definition of active surveillance testing for MRSA in ICUs. Ms. Lee stated the rates for AST are high in all hospitals. Dr. Roup said she receives calls from the public asking for MRSA rates in hospitals. Ms. Collins asked if there was information on what was measured. Ms. Lee said a pop-up screen provides that information. Dr. Minogue said this measure does not deal with decolonization, isolation, or decreasing the MRSA rates in hospitals. Ms. Daley suggested adding language about what ICUs are included and the NICU is excluded. Ms. Barclay said that change could be done. Dr. Maragakis suggested adding a check box where hospitals could say what interventions they are performing to decrease MRSA. Ms. Lee suggested linking to hospitals' websites for additional information. Ms. Gary said monitoring is critical to ensure process measures are being done consistently. Ms. Karanfil said public education is critical as this data will be reported on the guide.

6. Discussion on Surgical Site Infection Data Collection

Ms. Barclay recapped that Phase II of the HAI data collection and reporting plan was the collection of Surgical Site Infection (SSI) data. The specific procedures were not identified by the Technical Advisory Committee. Three categories had been agreed upon at earlier meetings: hip replacements, knee replacements, and coronary artery bypass graft. This proposal was put out for public comment. A comment was received from MedStar Health only which included switching to peripheral vascular bypass surgery instead of hips and knees; and also concerns over resources to submit denominator data. The staff recommendation is to proceed with the original recommendation. Hospitals have expressed concern about the level of effort required to collect denominator data. The commission plans to assist hospitals with data submission issues. Ms. Fuss suggested picking either knee or hip replacement to decrease the data reporting. Ms. Karanfil said setting up an electronic data collection in operation rooms to go directly to CDC may take months and hospitals that do not have this set-up would have a huge amount of data collection to report denominator data. Mr. Schwartz said the reporting obligation would be an incentive for hospitals to get this system set-up. Ms. Karanfil said new staff members would have to be hired for this data collection which may not be feasible. Ms. Barclay said the high volume hospitals should be targeted to set-up the automated download of denominator data. She confirmed 13 hospitals are already collecting SSI data on hips and knees. Ms. Webster said she gets calls from the public asking what the SSI rates are for hospitals for certain elective surgeries. Ms. Barclay stated this reporting requirement will most likely not start until July 1, 2010 to provide time for hospital training. Ms. Lee said another MHCC staff member will be hired with ARRA funding to help with SSI reporting. Ms. Barclay added the focus will be on training and where hospitals are with the OR electronic data collection.

7. Other Business

Proposed NHSN Report on State-Specific HAI Data (CLABSI and SSI)

Ms. Barclay said a recent NHSN webinar discussed a new state-specific report on HAI data. States will preview the report before it is published.

Update on CLABSI Audit and Next Steps

Ms. Lee stated the CLABSI audit has been completed. There has been positive feedback from the hospitals. A draft report will be finished shortly and a feedback report will be sent to the hospitals. At the March HAI meeting, Mary Andrus will provide a briefing on the audit. Ms. Barclay suggested the IPs be invited to dial into the meeting. The staff is also considering sponsoring an educational session for hospital staff based on the results. Ms. Barclay said going forward, the group will have to decide how often to audit and how hospitals should be selected. Ms. Karanfil said the results should be published and Ms. Barclay agreed.

8. Adjournment

The meeting adjourned at approximately 3:15 p.m. The next meeting is scheduled for February 24, 2010.